

Outpatient Procedure Consent Form

Date: _____

Patient Name: _____

Date of Birth: _____

Procedure Details

Procedure Name: _____

Date of Procedure: _____

Safety Notice

The following safety measures have been communicated to you:

- Risks associated with the procedure
- Pre-operative instructions
- Post-operative care

Consent Statement

I, the undersigned, acknowledge that I have been informed about the nature of the procedure, the risks involved, and the required post-operative care. I consent to the performance of the above-mentioned procedure.

Patient Signature: _____

Date: _____

Physician Signature: _____

Date: _____